

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization CAMPAIGN TO ELECT LOIS FRANKEL FOR STATE REPRESENTATIVE		Employer identification number 18-1381684
2 Mailing address (P.O. Box or number, street, and room or suite number) 4 Interlachen Circle		65-1027456
City or town, state, and ZIP code West Palm Beach		
3 E-mail address of organization Repfrankel@aol.com		
4a Name of custodian of records SELF Lois Frankel	4b Custodian's address 4 Interlachen Circle West Palm Beach, FL	
5a Name of contact person Lois Frankel	5b Contact person's address 4 Interlachen Circle West Palm Beach, FL	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Accepting contributions + making expenditures for the function of influencing the election of Lois Frankel to public office in the state of Florida

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
none		

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